

02) Application For an
Individual COMMERCIAL APPLICATOR LICENSE and/or CUSTOM PILOT'S AUTHORIZATION
Issued Under the authority of Act 389 of 1975, Pesticide Use and Application Act
For the Year Ending December 31, 200____

Instructions: Complete and submit with appropriate fees to the Arkansas State Plant Board, P.O. Box 1069, Little Rock, Arkansas 72203. PRINT OR TYPE ONLY.

Name: Last _____ First _____ Middle _____

FAA Pilot's Authorization Number _____ (Required if applying for pilot's authorization)

Mailing Address _____ City _____ State _____ Zip Code _____

County _____ Home Phone # () _____ - _____ Work Phone # () _____ - _____

Fax # () _____ - _____ E-mail address _____ Cell Phone # () _____ - _____ (Opt)

Indicate category(s) applied for (must be currently certified in each category indicated):

- | | |
|-------------------------------|----------------------------------|
| ~ (1) Agricultural -Plants | ~ (3) Aquatic |
| ~ (1A) Agricultural - Animals | ~ (4) Right- of Way |
| ~ (2) Forest Pest Control | ~ (5) Demonstration and Research |
| ~ (2A) Wood Treatment | ~ (6) Public Health |

Category Certifications	\$35.00 Each	\$	_____
Commercial Pilot Authorization (aerial applicators only)	\$35.00	\$	_____
Custom Pilot's Authorization (must pass 2,4-D test)(aerial applicators only)	\$35.00	\$	_____
	Total Enclosed	\$	_____

List the licensed firm(s) that you plan on working for during the year ending December 31, 200_____

I do hereby attest that I have read and am familiar with the Pesticide Use and Application Act and the Regulations adopted thereunder.

Applicant's
Signature: _____ Date: _____

This application is considered incomplete unless the second page (Required Confidential Information Form) is completed.

FOR OFFICE USE ONLY

License Number

Date of Issuance

Required Confidential Information Form

Pesticide Division

Instructions: Please print clearly. This information is confidential and required by Act 1163 of 1997.
The name below should appear the same as on the license application form.

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ - _____ - _____

Do not write below this line

For Plant Board Use Only

Type of License(s) Issued	License Number
Private Applicator License	<input type="checkbox"/>
Commercial Individual License	<input type="checkbox"/>
2,4-D OIC Authorization Permit	<input type="checkbox"/>
2,4-D Pilot's Authorization Permit	<input type="checkbox"/>
Non-Commercial License	<input type="checkbox"/>
Ginseng Dealer License	<input type="checkbox"/>
Ginseng Man License	<input type="checkbox"/>
Landscape Contractors License	<input type="checkbox"/>
Pest Control License	<input type="checkbox"/>
Ag Consultants License	<input type="checkbox"/>
Seed Dealers License	<input type="checkbox"/>
Seed Treaters License	<input type="checkbox"/>
Registered Seed Technologists License	<input type="checkbox"/>
Other	<input type="checkbox"/>

During the Arkansas General Assembly legislators passed Act 1163 of 1997. This Act mandates that on and after July 1, 1997, all persons, boards, commissions, or other licensing entities issuing any occupational, professional or business license or marriage licenses will record the name, address and social security number of each person applying for such licenses on the license application, or on the license if no application is required. The Arkansas State Plant Board is required to submit this information to the Office of Child Support Enforcement.